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ABSTRACT

This study examined the themes and issues that emerged in three female sexual abuse survivor groups at a university counseling center. Qualitative and quantitative analyses were used to determine emergent themes and issues. Six themes and two core questions were identified through qualitative analysis while no significant findings were discovered through quantitative analysis. Recommendations for counselors are made. (Contains 19 references and 1 table.) (Author/GCP)

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Sexual Abuse Counseling: A Descriptive Study of Three Female Survivor Therapy Groups

By

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Running Head: SEXUAL ABUSE COUNSELING

Sexual Abuse Counseling: A Descriptive Study of Three Female Survivor Therapy Groups

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Abstract

This study examined the themes and issues that emerged in three female sexual abuse survivor groups at a university counseling center. Qualitative and quantitative analyses were used to determine emergent themes and issues. Six themes and two core questions were identified through qualitative analysis while no significant findings were discovered through quantitative analysis. Recommendations for counselors are made.

Keywords: Sexual abuse, counseling, women, university counseling center, issues

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Sexual Abuse Counseling: A Descriptive Study of Three Female Survivor Therapy Groups

Abstract

This study examined the themes and issues that emerged in three female sexual abuse survivor groups at a university counseling center. Qualitative and quantitative analyses were used to determine emergent themes and issues. Six themes and two core questions were identified through qualitative analysis while no significant findings were discovered through quantitative analysis. Recommendations for counselors are made.

The literature on sexual abuse counseling has shown some issues to be common among sexual abuse survivors. Finkelhor (1986) reports one of the long term effects of sexual abuse on survivors as mistrust. Briere (1989) describes four effects of sexual abuse in terms of interpersonal relationships (idealization and disappointment, revictimization, acting-out and acting-in, and withdrawal) that involve the element of mistrust. Thompson and Renninger (1995) discuss the tendency of sexual abuse survivors to use ego defenses in their relationships that result in mistrust of others.

There is also support in the literature for addressing sexual abuse issues within a group context (Baker, 1985; Giarretto, Giarretto, & Sgroi, 1987; Herman, 1983; Russell, 1986). Since group counseling is a microcosm of the real world, group counseling can recreate the struggle of mistrust for the sexual abuse survivor and assist her in learning to trust again or to trust others more deeply (Hall, Kassees, & Hoffman, 1986). Cohesiveness, which involves trust, belonging, and connection, is commonly valued by incest survivors (Randall, 1995). Groups are one way of experiencing social connection (Scott, 1999) thereby reducing a sense of isolation (Hall & King, 1997). In addition, group therapy is helpful in addressing shame and stigma of incest survivors (Hall & King, 1997; Herman & Schatzo, 1984) and improving current relationships (Tsai & Wagner, 1978). Group therapy also appears to enhance the well-being and confidence of survivors (Hall & King, 1997).

In a literature review of research studies involving group treatment for women with incest histories, Marotta and Asner (1999) state: female survivors of incest respond well to group treatment, it is important to have homogeneous ego strength among members, ideal group

member size is between 4 and 10 members, and closed groups can facilitate trust and coping skill development. They also suggest cofacilitation is beneficial and counselors need to express both empathy and limit-setting with clients.

This descriptive study was to examine the themes and issues of sexual abuse survivors in a therapy group. The objectives of the research were to determine common themes and issues of survivors as they related to relationship dynamics and self-perception.

Method

Respondent Selection Procedure

Group members were individuals from a sexual abuse survivors' counseling group at the university counseling center which was carried out over two academic years (fall semester, spring semester). All group members who participated in the study signed consent forms. Group membership was small due to the focus of the group. The first semester had three members (all of whom completed packets, two of whom participated in the group interview), the second semester had six members (three of whom completed packets, three of whom participated in the group interview), and the third semester had seven members (three of whom completed packets, three of whom participated in the group interview). Because of the nature of the group, members were invited to participate in the study, but no pressure was put on them to be involved. As a result, the following aspects of the methodology were changed in order to respect the therapeutic process: (a) the individuals who completed the packets were not necessarily the same individuals who participated in the group interview, (b) the packets and the taped interviews, while initially planned to be administered pretest and posttest group counseling experience, were not done

pretest due to low trust issues of the group members with the therapists, and (c) the fourth semester group decided they did not want to complete the packets or the interview because most of the members had participated in the research the previous semester.

Researcher Involvement

Two of the four authors conducted the research. The female co-therapist/researcher participated in the packet completion, the interviews, and the analysis; the male co-therapist/researcher participated in the packet completion and the interviews; and two researchers participated in the analyses (one qualitative and one quantitative). This variation among the researchers' involvement was a result of individual expertise.

Packets

Packets consisted of the following items: consent form, demographic sheet, the Adult Self- Perception Profile (What I am Like, Importance Ratings), and the FIRO-B (Fundamental Interpersonal Relations Orientation-Behavior) Awareness Scale.

Instruments

The Adult Self-Perception Profile (ASPP) (Messer & Harter, 1986) was chosen because it has been used previously with groups of sexual abuse survivors showing high reliability and validity (Apolinsky & Wilcoxon, 1991; Threadcraft & Wilcoxon, 1993). The scale (What I am Like) consists of 50 items where the respondent chooses between "Really True for Me" and "Sort of True for Me" for a statement worded positively ("Some adults like the way they are leading their lives.") or for a similar statement worded negatively ("Other adults don't like the way they are leading their lives."). The scoring per item is 1, 2, 3, or 4 where 4 is the highest value of self-

judgment. The scale measures eleven specific domains (sociability, job competence, nurturance, athletic abilities, physical appearance, adequate provider, morality, household management, intimate relationships, intelligence, sense of humor) and global self-worth as well as the importance of these domains to the individual. Global self-worth is calculated based on six of the 50 items. With regard to the eleven specific domains, Cronbach's Alpha reliability coefficients for part-time working women (those individuals most like the clients in this study) ranged from .65 to .91. On the Importance Ratings the respondent indicates on a four point scale the importance of the eleven domains to his/her sense of general self-worth: very important, pretty important, only sort of important, and not very important as well as list the three most important areas to them and the two or three areas least important to them. The discrepancy score is calculated for subscales with an importance rating of 4. The discrepancy score is used to determine the difference between one's perception of competence and rating of importance in order to determine the impact on self-worth: the larger the discrepancy, the lower the self-worth.

The FIRO-B (Schutz, 1978) examines the interpersonal dimensions of Inclusion, Control, and Affection. The three dimensions are examined in terms of the need of the individual to have satisfying relationships with others: inclusion (interaction and affection), control (control and power), and affection (love and affection). The scale consists of 54 items separated into four areas where the respondent is asked to respond on a six point scale. Items are scored in terms of "Wanted" or "Expressed" for each of these domains. The scoring system used in this study was the "Absolute" one which made 0-2 low scores, 3-6 medium scores, and 7-9 high scores on a domain.

Interviews

The group interviews were audiotaped. Researchers used a standard list of questions to guide the group discussions. Questions were developed by the male and female co-therapists based on their years of clinical experience in working with sexual abuse survivors. The guideline questions were:

1. Do you feel the sexual abuse has had an impact on your current relationships? If so, what important relationships have been impacted most strongly? How have these relationships been impacted? Can you give a recent example of how you believe a current relationship was impacted by the sexual abuse?

2. Who are the people most important to you in your life? How have the most important people to you treated you at times that has reminded you of the abuse?

3. Is it hard for you to trust in relationships? Is it harder for you to trust in a particular kind of relationship than others (What type?)? What makes it hard for you to trust in relationships? Give an example of a situation in which it was hard for you to trust in a relationship.

A list of these questions was provided to each respondent in the interview process prior to the interview beginning.

Results

In terms of the demographic information gathered, all respondents were female and had been in therapy before. With regard to past therapy, all but one respondent had a female therapist and all but one respondent participated in individual therapy. The average age at the first time of

abuse was 8 years old (the range was from 4-11) and the average age of the last time of abuse was 13 (the range was from 6-19).

Quantitative Analysis

There were no significant correlations with other measures with regard to the following: ASPP, ASPP Importance Ratings, FIRO-B, or age of abuse. The scores for respondents on the FIRO-B Affection Scale were elevated in comparison to college freshmen as shown in Table 1. This was not a statistically significant difference possibly due to the small sample.

Qualitative Analysis

The three group interview transcripts were analyzed by two of the authors. The analysis used was a constant-comparative method unitizing transcripts and categorization (Glaser & Strauss, 1967). Six major headings emerged in the analysis as common themes throughout the groups: trust, mistrust, group trust, relationships with others (intimate, non-intimate), sexual abuse impact, and therapist techniques. Also, there seemed to be two general questions that emerged for survivors: "Who am I?" as it relates to self-image and self-esteem and "Am I normal?" by comparison with what is normal in society.

Trust and mistrust. The themes of trust and mistrust seem predictable in terms of the research with regard to sexual abuse, and survivors discussed how they built trust and used their intuition as well as their difficulty trusting. Some of their comments on trust included:

1. And I think it all started because he kind of opened himself up to me first and it made me realize that he was sitting here telling me about his childhood and his life a little bit and stuff so...It just kind of opened it up and made it comfortable.

2. But you give them a little bit at a time and see what they do with it or how they react to it and then go on from there. I don't think I could ever just jump right in and tell someone about myself at first.

3. Like I am very intuitive about people. I really can't name any kind of signal that makes me not trust them or trust them.

4. And I think what they share is important.

Group trust. They also discussed their reticence in trusting a group of other survivors.

1. It's like before I thought about coming to this thing, I thought, "Well, how many people are going to be in it, twenty?" That's different than just opening it up to just a few if there's more people. Then there's like that fear that the more people you tell, the more you are opening yourself up to things. This [was] good for me.

2. You give a little bit at a time and see how people react and they'll respond for you. I hear and think, "Okay, can I say this?" I didn't feel like I had to censor thoughts. I think, "Can I say this to them?" or "How do I say this?"

Relationships with others. The trust factor also emerged as they discussed their relationships with others and the impact of the sexual abuse on their personal interactions.

1. Like guys will always, you know, hug me or something and I don't know–it makes, I mean, I don't know if I'm being wrong if it makes me feel uncomfortable or if they're doing, uh, I can't tell–I mean, I don't know, I can't tell if they're trying to do it in a sexual way or if they're just being friendly. I hate that 'cause I don't like feeling uncomfortable. Or if anybody, like a relative or um, anybody comes and hasn't seen me in a while and they um hug me and stuff, it always

makes me kind of like–I get scared, I guess.

2. I'm scared of like getting hurt, whether it'd be, I mean, like emotionally or something, when it comes to friends, just friends, guy friends, I always get scared to um, to open up or I mean, just start a conversation with them.

3. It's when relationships start getting more intimate, um, that, you know, there's that, you know, that kind of anxious anticipation, mmm, maybe I don't want it to go there. "Where is this going?" And you do, I think, over process.

4. Um, it takes me a long time to trust people and to be intimate with them and to talk about things that are very important to me, just because it's very hard to open up. But it's taught me how to pick and choose people who are going to be at the same level I'm at and who are going to be there for me and, you know, and not misuse the trust that I give out.

5. I feel like it really affected my self-esteem and I think, um, I still don't feel like I'm worth anything and I think that did that to me.

6. I think it feels like for me, it's like I've got to protect myself at all cost. It's like I can't be, nothing can be hidden from me...I have to know everything that's going on all the time.

7. I kept up a wall and I had control. Because they were not going to hurt me and I was always the first one to end it.

8. I tend to shy away from those, that emotional attachment in physical relationships and so what I've done is not to have them until I decide that I'm ready to be emotionally present in a situation because I'm not going to get myself in a situation that I'm not comfortable with.

9. I thought of some of the relationships I've had. I've become extremely jealous with some of

them, like so jealous that, I mean it just makes me...crazy.

10. And it's hard for me too, because now, that's how it always was with Joe and right now he's running a business full time. And I try to think like, his priorities have changed a little and, yeah, running a business is top. And I hate that, "Oh, my gosh. Where am I on the list now? Am I third?"

11. But it's hard not to be that most important thing.

12. And we want someone to love us so that, we want someone to just, like, care for us with all their hearts, and in order for them to do that, at least I feel, that I have to do anything they want me to do and everything they want me to do and, I mean, I continue to do that now, with everybody, not just guys or friendships and things like that. I try to please everybody.

There was overlap in these themes with regard to the two questions that they struggled with in life ("Who am I?" "Am I normal?"). In terms of their relationships with others, healthy encounters that enhanced their self-esteem were with individuals who were aware of the abuse; individuals who sent accepting and encouraging messages such as "You can act normal even though you have had abnormal experiences." The healthy encounters described by respondents seemed to be a bridge for them between the trauma and a normal life.

1. Oh, for me, a lot of times it was like they were telling me it was okay to be angry or because there are so many times when you're so mad you just want to...For me it was a lot of times that it was okay to be guilty. That it was okay and that this was normal.

Unhealthy relationships that negatively impacted their self-esteem were with individuals who blocked the survivor's self-expression of the abuse and sent a message such as "You must

act normal and you must not discuss your abuse experiences." The unhealthy encounters were especially damaging for survivors if they were close to the individual, i.e. family members.

1. My mother said, "Why don't you just get on with your life?" and she said, "I wish you'd come home just so I could straighten you out." What's up with that?

2. My sister's the same way. My sister won't let me even talk about it and she'll yell at me. And she says things about me coming to support group and stuff.

3. Well, for me, I mean, you know, it's the most important issue of your life because it impacts everything in your life. When someone looks at you and says the most important thing in your life doesn't matter...it takes this much energy to deal with it and to recognize it in yourself how much it's impacted on you.

Sexual abuse impact. Resolution of the impact of the sexual abuse in their lives involved some coping strategies for survivors. For example, placing blame on the abuser for the abuse was a critical point for survivors in terms of their self-esteem.

1. I'm sorry, but when someone is three times your body size and is threatening you and is physically hurting you and a little person, you know, sorry, you don't have the control in that situation. It is not your responsibility. Granted, they may not have been able to do anything, and it's not their fault either, but don't blame us for what happens–blame the abuser or blame the people who knew and hid it.

2. And respect myself enough to not allow people who have such influence over us, I mean these people have influenced all your life, to finally respect myself enough to say, "You're not going to do that to me anymore, you are not going to say that to me anymore because that's how it is.

You're not going to blame me for a situation I had no control over. If you feel guilty, work out your feelings of guilt–that's fine, I can understand that. But don't try to blame it on me and to brush it off so that you feel better about yourself.

This assignment of responsibility for the abuse to the perpetrator increased the survivor's self-respect. This self-respect led to the survivor standing up for herself as well as recognizing unresolvable losses due to the abuse. Also, group counseling benefitted survivors: they made comparisons of what was normal in terms of other survivors and watched other survivors model behaviors that enhanced self-esteem and respect.

1. No matter what happens, I can be there for myself...Your mom may never understand. Your abuser may be in your face all your life. Do what you have to do for yourself and, yeah, it may hurt like hell, but you have to understand what you want and what you'll sacrifice.

Therapist techniques. Specific suggestions were made for counselors by survivors. First, an accepting, encouraging approach was stressed that included a lack of pressure and a faith in the client.

1. Or it's like you need to give more than a normal pause, than a normal conversation, because some of you knows what's going on and you know what you want to say, but you are trying to figure out how to say it or you're trying to get up the guts to say it.

2. He kind of put up these things in a perception level. He calls me a perfectionist and I am when it comes to my life and stuff and then I put things on that should be a 1 or 2 level and are at 7 or 8. It's like little things have popped out now that I'm like, "Is this a 1 or 2?"

3. Every week we would have like a goal setting or a "Here's something to think about for the

next few weeks or when you have time." Like without the kind of pressure of that...like if you knew yourself and what to work on, it was just kind of pointed out, "Well, why don't you work on this for next time? Try to see where you want this relationship to go and how you're going to handle that."

Second, a male co-leader raised the issues related to male perpetrators and particularly in learning skills such as boundary setting and trust.

1. You kind of reassure us that not all, with, you know, your example, that not all guys are like that.

2. And you respected our boundaries, you know.

Finally, groups where the survivor felt she could talk in confidence without being judged, be encouraged to express herself, and experience a respect for her struggle seemed critical to her healing process.

1. For me, personally, being able to trust was just a time–and being in experiences and circumstances that allowed me to trust, being in other groups, being in therapy, when I was able to talk and that my trust was not betrayed, has allowed me to come into another situation and feel okay about myself and to believe that my trust is not going to be betrayed; that the things I say will not go anywhere else, but also, anything that I say will not be held against me, that somebody will not think that I am a bad person.

Discussion

The six major themes that emerged (trust, mistrust, group trust, relationships with others (intimate, non-intimate), sexual abuse impact, therapist techniques) appear quite predictable given

the literature on sexual abuse survivor issues. An important emphasis in this research involves the two central questions that emerged for survivors: "Who am I?" and "Am I normal?" These questions take on important meaning for survivors when placed in the context of their elevated FIRO-B Affection scores. Although these scores were not statistically significant, they indicate the survivors' higher need for affection and warmth from others. Nurturing relationships may be critical in addressing the common issues of being a sexual abuse survivor as well as answering these types of questions. Survivors may require more nurturing relationships in order to address their issues and find their own definitions of self and normalcy.

Based on the interview transcripts, some recommendations can be made to therapists working with sexual abuse survivors. A male co-therapist, who can be trusted by the female group members, can facilitate the healing process for survivors by providing them with opportunities to experience a healthy relationship with a male respectful of personal boundary setting. Therapists need to provide an atmosphere for these clients that is nonjudgmental, respectful, allows for the expression of self, lacks pressure, and communicates a faith in the survivor. A core component to this atmosphere seems to be the treatment of survivors as "normal" so that she has a bridge from the abuse to a normal way of living. The therapist needs to be sensitive to messages the client receives from others with regard to self-definition and a definition of what is normal. This may be especially important with survivors' significant others who are struggling with their own denial about the sexual abuse.

Future research needs to involve larger samples with quantitative instruments in order to clarify areas that impact survivor recovery as well as areas that have been impacted by the

survivor of the abuse. For example, research that examines relationship components necessary for the healing of the survivor could assist therapists in determining the both the coping skills and the relational characteristics needed by the survivor. Qualitative research that further explores the six themes and two focus questions that emerged in this research would be beneficial. Finally, qualitative research that clarifies the most effective therapy approaches for survivors would make an invaluable contribution to this important work.

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Table 1

FIRO-B Means for Dimensions

	Inclusion	Control	Affection	Summary
Estimated	4.00 (4.6)	2.25 (2.9)	3.88 (3.7)	10.13
Wanted	4.13 (5.4)	3.25 (4.7)	6.00 (5.0)	13.88
Summary	8.13 (10)	5.50 (7.6)	9.88 (8.7)	23.88

* Numbers in parens are the comparison group college sample (Schutz, 1978)

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